

For taxable year beginning _____, 19 ____, and ending _____, 19 ____.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE
Calendar year Fiscal year

Business telephone number ()	Please print or type.	Name	Federal employer ID number
Business activity code number (from your federal Form 1120)		Number and street	AZ withholding tax number
		City or town, state and ZIP code	AZ transaction privilege tax number

Check box if: Information <input type="checkbox"/> Name change <input type="checkbox"/> Address change [65]	A Is this amended return based on a federal audit? If yes, attach a copy of the federal audit.	Yes	No	For DOR use only [88] [81]	[66]
	B Did you file a federal amended return? If yes, attach a copy of the federal amended return.				
	C Are you changing the method of filing to Arizona?				
	D If amending a return more than 4 years old, did you attach a copy of your Arizona return as filed and/or corrected?				
	E You are amending your: Original return				
	Amended return				
Arizona audit					

	(a) As originally reported or adjusted	(b) Net change increase or (decrease)	(c) Correct amount
Income			
1 Taxable income	00	00	1 00
2 Additions to taxable income	00	00	2 00
3 Total taxable income - add lines 1 and 2	00	00	3 00
4 Subtractions from taxable income	00	00	4 00
5 Arizona adjusted income - subtract line 4 from line 3	00	00	5 00
Apportionment			
6 Arizona adjusted income - from line 5 above	00	00	6 00
Computation			
7 Nonapportionable or allocable amounts	00	00	7 00
(Multistate Corporations Only)			
8 Adjusted business income - subtract line 7 from line 6	00	00	8 00
9 Arizona apportionment ratio		9 .
10 Income apportioned to Arizona - multiply line 8 by line 9	00	00	10 00
11 Other income or (loss) allocated to Arizona	00	00	11 00
12 Income attributable to Arizona - add lines 10 and 11	00	00	12 00
Arizona Taxable Income			
13 Arizona income from line 5 or line 12	00	00	13 00
14 Arizona basis net operating loss carryforward	00	00	14 00
15 Arizona taxable income - subtract line 14 from line 13	00	00	15 00
Tax and Credits			
16 Tax - Tax is 8% of line 15 or \$50, whichever is greater	00	00	16 00
17 Tax from recapture of credits - from Arizona Form 300, Part II	00	00	17 00
18 Subtotal - add line 16 and line 17	00	00	18 00
19 Tax credits - from Arizona Form 300, Part II	00	00	19 00
20 Credit type - enter form number for each credit claimed	20 3 3 3		
21 Subtotal - subtract line 19 from line 18	00	00	21 00
22 Correctional industries recapture tax - from Arizona Form 300, Part II ..	00	00	22 00
23 Tax liability - add lines 21 and 22	00	00	23 00
Payments			
24 Retroactive consolidation tax payment credit - see instructions	24	00	
25 Payments (extension, estimated) - from page 2, Schedule D	25	00	
26 Payment with original return plus all payments after it was filed - from page 2, Schedule D	26	00	
27 Total payments - see instructions			27 00
Refund or Tax Due			
28 Overpayment, if any, as shown on original return or as later adjusted - see instructions			28 00
29 Total payments applied to amended tax liability - subtract line 28 from line 27			29 00
30 TOTAL DUE - If line 23(c) is larger than line 29, enter the total due			30 00
31 OVERPAYMENT - If line 29 is larger than line 23(c), enter the overpayment			31 00
32 Amount of line 31 to be applied to 1999 estimated tax			32 00
33 Amount to be refunded - subtract line 32 from line 31			33 00

